



Georgia Department of Human Resources

APPLICATION FOR APPROVAL OF BEHAVIOR MANAGEMENT & EMERGENCY SAFETY INTERVENTION MODEL FOR USE WITH CHILDREN & ADOLESCENTS

Office of Regulatory Services, 2 Peachtree Street, NW, Atlanta, GA 30303

Phone: 404-657-5700 Fax: 404-657-5708 www.ors.dhr.georgia.gov

Section I: General Information			
Model Name:		Owner/Developer Name:	
Address:		City:	State: Zip:
Work Phone:	Work Fax:	Cell Phone:	
E-Mail Address:	Website:		
Section II: Organization Information			
1. Federal Tax Identification Number:	2. Organization Type: <input type="checkbox"/> Governmental Entity Specify: <input type="checkbox"/> Non-governmental (please select one) <input type="checkbox"/> Business Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietor		
3. Is the applicant willing to allow representatives of the Georgia Department of Human Resources and/or other Departments within Georgia to observe training in the Behavior Management & Emergency Safety Intervention model? (Please attach information regarding all training scheduled within the next six months) <input type="checkbox"/> yes <input type="checkbox"/> no			
Section III: Emergency Safety Intervention Model Information			
Answer in the space below or attach numbered responses.			
1. What is the name and date of this version of your model?		Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.	
2. What do you teach about potential risks of physical restraint?		Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.	
3. In your model, what de-escalation techniques and prevention strategies are trained?		Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.	
4. In what ways have you evaluated your program? Provide any hard data available.		Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.	
5. Do you train supervisors to evaluate the day-to-day effectiveness of the model? If so, what methods are used?		Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.	
6. What training is provided on the length of time restraint techniques can be used? Provide timeframes and the criteria for release.		Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.	
7. Does this model allow use of mechanical restraints (e.g., handcuffs, ankle cuffs, anklets, waist band, plastic cuffs, wristlets, etc.), chemical restraints, and/or seclusion? If so, please explain.		Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.	

8. Does this model include any instruction for resident re-location or transport (e.g., moving resident from one area to another)?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
9. Does the model curriculum include instruction in identifying signs of aggression?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
10. Does the model curriculum include a variety of instructional strategies, (e.g., role play, simulation, demonstration of techniques and strategies, etc.)?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
11. Does the model have a mandatory written test to evaluate classroom knowledge?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
12. What does your model teach regarding dangers of asphyxiation?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
13. Describe all interventions that are used other than a standing position hold.	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
14. Prior to the certification of an individual, is the participant required to demonstrate competency in successful application of each technique in the curriculum?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
15. What are the specialized training requirements to become a certified instructor of this model?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
16. What are the training requirements for recertification for (a) trainers and (b) participants?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
17. Does the model curriculum include instruction for applying a technique to a youth with special needs (i.e., physical impairments, sexual abuse, developmental disabilities or other disabilities, etc.)?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
18. Do training materials include pictures of the holds taught? Provide photos (or drawings) and descriptions of all holds utilized in this model. Alternatively, submit training manual, videos, training aids, etc.	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
19. Have you adapted your model to meet Georgia Standards? If so, explain any changes made to your model.	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
20. Does this model allow non-trained staff or consumers of services to participate in interventions?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.

21. What does the model teach about implementation when there is only one trained staff person present?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
22. If prone/supine restraint methods are taught, what does your model teach about contraindications for use with specific individuals?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
23. How does the model teach staff to assess respiration and lack of physical distress?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
24. What does this model teach staff regarding how to determine when the youth should be released from the emergency safety intervention?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
25. What does your model teach regarding how to assess whether the child is "playing possum" or faking their response to the Emergency Safety Interventions being utilized?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
26. What does this model teach regarding appropriate location and surfaces when conducting ESI?	Provide Supporting Evidence/Documentation - If referencing curriculum or other documents, indicate page #.
Section IV: General Information Regarding the Model	
1. What is the instructor to student ratio (number of trainers & students)?	
2. Does the applicant provide a certification for (a) trainers and (b) participants who successfully complete this model?	
3. How frequently is recertification required for this model for (a) trainers and (b) participants? What are the training requirements for recertification for (a) trainers and (b) participants?	
4. Does the applicant offer any periodic (e.g., quarterly, annually, etc.) courses that include the hands on demonstration or practice?	
Section V: Administrative Code Requirements	
1. Are any of the techniques in this model used for punishment, discipline, retaliation, harassment, compliance, or intimidation? If yes, please elaborate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any of the techniques in this model deprive the child of basic human necessities including restroom privileges, water, food or clothing? If yes, please elaborate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any of the techniques in this model intended to inflict pain? If yes, please elaborate.	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/>	Yes
4. Do any of the techniques in this model place a child face down? If yes, please elaborate.	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
5. Do any of the techniques in this model obstruct the airway or impair the breathing of the child? If yes, please elaborate.	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
6. Do any of the techniques in this model restrict the child's ability to communicate? If yes, please elaborate.	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
7. Do any of the techniques in this model obstruct the view of the child's face? If yes, please elaborate.	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
8. Do any of the techniques in this model use percussive or electrical shocking devices? If yes, please elaborate.	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
9. Do any of the techniques in this model require the monitoring of the child's respiration and other signs of physical distress during the restraint? If no, please elaborate.	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
10. Does the model require post-restraint monitoring of the child's status? If no, please elaborate.	<input type="checkbox"/>	No
Section VI: Legal Information		
	<input type="checkbox"/>	Yes
1. Have any civil lawsuits involving the model or the application of techniques with this model been filed? If yes, please provide the name of the lawsuit and the court in which it was filed.	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
2. Have any civil lawsuits involving the model or the application of techniques with this model resulted in any judgments or settlements? If yes, please provide details regarding the amount of judgment or settlement (if known).	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
3. Have any criminal charges involving the use of the model or the application of techniques with this model been filed? (If yes, please provide details and supporting documentation.)	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
4. Have any criminal prosecutions involving the model or the application of techniques with this program resulted in convictions or deferred adjudications? (If yes, please provide details and supporting documentation.)	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
5. Have any criminal prosecutions involving model or the application of techniques with this model been filed? If yes, please provide details and supporting documents.)	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
6. Has the owner, developer or their representative of this model ever been a party to a civil suit involving the use of this model? (If yes, please provide details and documentation.)	<input type="checkbox"/>	No

7. Does the owner, developer or their representative have any knowledge of any open or closed investigations initiated by any federal agency, state agency, or any other entity involving this model?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has this model ever been associated with any serious injuries or deaths of the youth or staff member?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any staff member been subject to disciplinary action as a result of using this model? If so, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has any governmental entity taken any type of action, legal or administrative, to ban the use of this model for any population group? If so, please explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Please identify any information about the model that you consider of a proprietary nature and/or containing trade secrets. <i>If submitted as part of this application process, this information will not be shared with other applicants and will be used solely for the purpose of the review and approval process.</i>		
Section: VII: Conclusion		
I certify that all the information provided in connection with this application is true and complete, and I understand that any misstatement, falsification or omission of information may be grounds for disqualification or other legal actions.		
Name:	Title:	Date:
<p>Please submit 10 copies of this application in paper form with all applicable attachments to: Cerita N. Bunyasanand Rules Coordinator Office of Regulatory Services GA Dept. of Human Resources 2 Peachtree Street, Suite 32-425 Atlanta, GA 30303 phone: (404) 657-2314 email: cebunyasaranand@dhr.state.ga.us</p>		